	Substitute for form 1449/PTO				COMPLETE IF KNOWN
	INFORMATION	ÐĮŞCI	LOSURE	Application Number	10/591,914
	STATEMENT BY	43	ICANT	Filing Date	September 8, 2006
i	FEB 112	2008	LICANI	First Named Inventor	Wai et al.
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	(use as themy sheets	as nece	essary)	Examiner Name	
Sheet	1	of	1	Attorney Docket Number	21548YP

		U.S. PAIE	NT DOCUMENTS	
Cite No.	U.S. Patent Document Number		Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY
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		Cite	Cite No.  Number  Kind Code (if known)	Cite No.  Number  Kind Code (if known)  Name of Patentee or Applicant of Cited Document

			FORE	IGN PATEN	T DOCUMENTS	
Examiner Initials*	Cite No.	Office	Foreign Patent Docume Number	ent Kind Code (if known)	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY
		WO	2006/121831	A2	Merck & Co., Inc.	11/16/2006

Signature Considered
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<sup>•</sup>Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.